

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)**

**For each device for which required label information has been changed, supply the following::**

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)

DEPARTMENT

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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